



Veterans Health Care April 2004

1: Aliment Pharmacol Ther. 2004 Jan 1;19(1):69-77.

A comparison of hepatitis C treatment and outcomes at academic, private and Veterans' Affairs treatment centres.

Jensen DM, Cotler SJ, Lam H, Harb G, Shillington A.

BACKGROUND: Currently, there is a lack of published data examining hepatitis C treatment practices in different care settings. **AIM:** To provide data describing treatment practices for patients with hepatitis C virus infection in actual clinical practice, and to examine clinical outcomes in patients treated with interferon alpha-2b/ribavirin combination therapy in academically affiliated centres, private treatment centres and Veterans' Affairs treatment centres. **METHODS:** This multi-centre, retrospective, cohort study of 231 patients examined hepatitis C virus treatment practices in patients receiving interferon alpha-2b from January 1997 to May 2001 and explored outcomes in academically affiliated, private and Veterans' Affairs centres. **RESULTS:** Differences in treatment practice and use of diagnostic procedures were found. Genotype testing was under-utilized in non-academic sites (academic centres, 79.2%; private centres, 33.7%; Veterans' Affairs centres, 35.9%; $P<0.001$). Liver biopsies were performed less often in private sites (academic centres, 95.8%; private centres, 80.0%; Veterans' Affairs centres, 92.2%; $P<0.01$). End-of-treatment viral response (academic centres, 40.0%; private centres, 31.3%; Veterans' Affairs centres, 17.2%; $P<0.05$) was lower than that found in published trial data. Multivariate analysis revealed genotype 1 as the single significant predictor of treatment failure ($P<0.01$). **CONCLUSIONS:** Outside of the academic setting, there is significantly less diagnostic work-up performed prior to the initiation of hepatitis C virus therapy. This suggests a need for a standardization of care

across treatment settings.

PMID: 14687168

2: Am J Cardiol. 2004 Feb 15;93(4):483-6.

Computerized QT dispersion measurement and cardiovascular mortality in male veterans.

Shah BR, Yamazaki T, Engel G, Cho S, Chun SH, Froelicher VF.

We examined the prognostic value of computerized measurements of QT dispersion in 37,579 male veterans. The results of our study showed that QT dispersion is a poor independent predictor of cardiovascular mortality.

PMID: 14969631

3: Am J Manag Care. 2004 Feb;10(2 Pt 2):171-80.

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Impact of policies and performance measurement on development of organizational coordinating strategies for chronic care delivery.

Pogach L, Charns MP, Wrobel JS, Robbins JM, Bonacker KM, Haas L, Reiber GE.

OBJECTIVE: To examine the impact of policy directives and performance feedback on the organization (specifically the coordination) of foot care programs for veterans, as mandated by public law within the Department of Veterans Affairs Health Care System (VA). STUDY DESIGN: Case study of 10 VA medical centers performing diabetes-related amputations. PATIENTS AND METHODS: Based on expert consensus, we identified 16 recommended foot care delivery coordination strategies. Structured interview protocols developed for primary care, foot care, and surgical providers, as well as administrators, were adapted from a prior study of surgical departments. RESULTS: Although performance measurement results for foot risk screening and referral were high at all study sites over 2 calendar years (average 85%, range 69% to 92%), the number of coordination strategies implemented by any site was relatively low, averaging only 5.4 or 34% (range 1-12 strategies). No facility had systematically collected data to evaluate whether preventive foot care was provided to patients with high-risk foot conditions, or whether these patients had unmet foot care needs. CONCLUSIONS: Although foot care policies and data feedback resulted in extremely high rates of adherence to foot-related performance measurement, there remained opportunities for improvement in the development of coordinated, technology-supported, data-driven, patient-centered foot care programs.

PMID: 15005510

4: Am J Med Qual. 2004 Jan-Feb;19(1):37-40.

Benefit coverage of novel antipsychotics in Medicaid programs and the Veterans Health Administration.

Sullivan G, Perry DM, Grimes W, Wetherbee H.

When risperidone, olanzapine, and quetiapine were introduced, concerns were raised regarding the extent to which drug benefit policies might constrain their use. A national survey of eligible Medicaid programs (N = 47; 100%) and Veterans Health Administration facilities (N = 141; 94%) in 1998 found that within Medicaid, open formularies were common, preauthorization requirements were rare, and few barriers existed, whereas VHA facilities reported relatively more constraints in terms of formulary restrictions and preauthorization requirements. Although drug benefit policies have the potential to exert a major influence over prescribing practices, it is unlikely that these policies significantly restricted access to these antipsychotics.

PMID: 14977024

5: Arch Intern Med. 2004 Feb 23;164(4):394-400.

Posttraumatic stress disorder in female veterans: association with self-reported health problems and functional impairment.

Dobie DJ, Kivlahan DR, Maynard C, Bush KR, Davis TM, Bradley KA.

BACKGROUND: The purpose of this report is to identify self-reported health problems and functional impairment associated with screening positive for posttraumatic stress disorder (PTSD) in women seen for care at a Department of Veterans Affairs (VA) medical center. METHODS: A survey was mailed to all women (N = 1935) who received care at the VA Puget Sound Health Care System between October 1996 and January 1998. The survey inquired about health history and habits. It included the PTSD Checklist-Civilian Version (PCL-C) and validated screening measures for other psychiatric disorders. The veteran's version of the Medical Outcomes Study 36-Item Short-Form Health Survey (SF-36-V) was included to assess health-related quality of life. RESULTS: Of the 1259 eligible women who completed the survey, 266 women (21%) screened positive for current PTSD (PCL-C score \geq 50). In age-adjusted

bivariate analyses, women who screened positive for PTSD reported more psychiatric problems, substance abuse, and lifetime exposure to domestic violence. They were significantly more likely to endorse physical health problems including obesity, smoking, irritable bowel syndrome, fibromyalgia, chronic pelvic pain, polycystic ovary disease, asthma, cervical cancer, and stroke. In fully adjusted multivariate models, a PCL-C score of 50 or greater was independently associated with scoring in the lowest quartile on SF-36-V subscales and composite scales. CONCLUSIONS: Symptoms of PTSD are common in women treated at VA facilities. In addition, PTSD is associated with self-reported mental and physical health problems and poor health-related quality of life in these patients. These findings have implications for the design of VA primary care services for the growing population of female veterans.
PMID: 14980990

6: Arch Phys Med Rehabil. 2004 Feb;85(2):218-26.
Evaluating diagnosis-based risk-adjustment methods in a population with spinal cord dysfunction.
Warner G, Hoenig H, Montez M, Wang F, Rosen A.
OBJECTIVE: To examine performance of models in predicting health care utilization for individuals with spinal cord dysfunction. DESIGN: Regression models compared 2 diagnosis-based risk-adjustment methods, the adjusted clinical groups (ACGs) and diagnostic cost groups (DCGs). To improve prediction, we added to our model: (1) spinal cord dysfunction-specific diagnostic information, (2) limitations in self-care function, and (3) both 1 and 2. SETTING: Models were replicated in 3 populations. PARTICIPANTS: Samples from 3 populations: (1) 40% of veterans using Veterans Health Administration services in fiscal year 1997 (FY97) (N=1,046,803), (2) veteran sample with spinal cord dysfunction identified by codes from the International Statistical Classification of Diseases, 9th Revision, Clinical Modifications (N=7666), and (3) veteran sample identified in Veterans Affairs Spinal Cord Dysfunction Registry (N=5888). INTERVENTIONS: Not applicable. MAIN OUTCOME MEASURES: Inpatient, outpatient, and total days of care in FY97. RESULTS: The DCG models (R(2) range, .22-.38) performed better than ACG models (R(2) range, .04-.34) for all outcomes. Spinal cord dysfunction-specific diagnostic information improved prediction more in the ACG model than in the DCG model (R(2) range for ACG, .14-.34; R(2) range for DCG, .24-.38). Information on self-care function slightly improved performance (R(2) range increased from 0 to .04). CONCLUSIONS: The DCG risk-adjustment models predicted health care utilization better than ACG models. ACG model prediction was improved by adding information.
PMID: 14966705

7: Health Care Manage Rev. 2004 Jan-Mar;29(1):17-30.
Early-stage success in service line implementation.
Hoff TJ.
The results of a multimethod, qualitative data collection approach reveal a high level of consistency between early-stage dynamics identified in service line implementation and dynamics viewed within life cycle theory as more observable during the birth stage of development. This finding supports the idea that service line implementation unfolds similarly compared with other types of structures. In addition, it presents a more complex view of service line implementation at any given point in time by linking its unique aspects with issues and dynamics particular to the developmental stage in which the structure exists. The organization examined was the Behavioral Health Service Line of the Upstate New York Veterans Healthcare Network.
PMID: 14992481

8: J Ambul Care Manage. 2004 Apr-Jun; 27(2):166-79.

Study design and sampling in the Veterans Health Study.

Miller DR, Skinner KM, Kazis LE.

There are numerous choices to be made in the design of studies examining the impact of healthcare on patient-reported outcomes. We describe considerations in the design of the Veterans Health Study (VHS), a large-scale longitudinal observational study of healthcare in the Veterans Health Administration (VA). We also consider sampling issues, and discuss the broader theoretical and practical implications of our choices. The VHS was an observational study with a prospective longitudinal design. Subjects were recruited from a cross-sectional sample of the VA patient population, and identified when they came to ambulatory care clinics for a medical visit. Participating patients were contacted by telephone, and scheduled for an interview conducted at the clinic. Prior to the interview they completed a mailed questionnaire. The clinic interview included brief clinical assessments of selected study medical conditions, a medical history interview, limited health examination, and assessments of health status, health-related quality of life, process-of-care measures related to utilization of services, and other patient characteristics. Patients were empaneled and followed over time. Their health was monitored with brief mailed questionnaires completed at 3-month intervals, and with annual patient reassessments at 12 and 24 months. This design had several strengths. Its comprehensiveness and observational nature allowed for examination of a broad range of outcomes and processes of care as they occur in routine practice in the VA system. Study effects on outcomes should be minimal and the longitudinal design permitted the examination of changes in health status and evaluation of the extent to which changes in patients' illnesses and their treatments were associated with changes in outcomes. Many aspects of this study's design were innovative, reflecting careful consideration of design choices and lessons learned from previous outcomes research studies. Choices made in the design of the VHS can serve as models for future studies of the effects of healthcare on patient-reported outcomes.

PMID: 15069995

9: J Ambul Care Manage. 2004 Apr-Jun; 27(2):180-9.

Measurement strategies designed and tested in the Veterans Health Study.

Skinner KM, Miller DR, Spiro A 3rd, Kazis LE.

The goal of collecting a large number of health status variables from a population of elderly respondents with high comorbidity offers several challenges and opportunities that are described in this article. The data collection strategies used in the Veterans Health Study (VHS) are discussed, and we detail the development and item content of the questionnaires used. The VHS included various modes of administration, in-person interviews, interviewer and self-administered questionnaires, proxy interviews, and administrative databases to ensure a more complete assessment of health status. Included is a discussion of staffing and the training methods developed. The article concludes with lessons learned that may be of interest to other researchers conducting similar health outcomes studies.

PMID: 15069996

10: J Clin Psychiatry. 2004 Feb; 65(2):238-43.

Pindolol augmentation in depressed patients resistant to selective serotonin reuptake inhibitors: a double-blind, randomized, controlled trial.

Perry EB, Berman RM, Sanacora G, Anand A, Lynch-Colonese K, Charney DS.

BACKGROUND: Studies of pindolol augmentation of antidepressants in major depressive disorder have produced mixed results, and data in treatment-resistant

patients are limited. Here, we report on a double-blind, randomized, controlled 6-week study of pindolol augmentation of selective serotonin reuptake inhibitors (SSRIs) in depressed outpatients resistant to SSRI monotherapy. METHOD: Forty-two outpatients with DSM-IV major depressive disorder who had an insufficient response to an adequate trial of an SSRI (fluoxetine, paroxetine, or sertraline) were randomly assigned to pindolol, 2.5 mg t.i.d., or sham augmentation, in addition to continued SSRI administration. For separate analysis, the control group underwent a single-blinded switch to pindolol, 2.5 mg t.i.d., from week 4 through week 6, while the active group was continued on pindolol augmentation (hemi-crossover design). Change in Hamilton Rating Scale for Depression (HAM-D) score from baseline to the end of week 3 was the primary outcome measure. Data were gathered from February 1994 to August 1998. RESULTS: Thirty-eight patients completed at least 1 week on protocol, with 21 and 17 randomly assigned to the pindolol and control groups, respectively. After 3 weeks on protocol, partial response rates (i.e., minimum 50% decrease from baseline in HAM-D score and maximum absolute score of 15) for the pindolol (19% [4/21]) and control (24% [4/17]) groups were comparable. At 3 weeks, the pindolol and control groups demonstrated mean \pm SD decreases in HAM-D scores of 6.5 \pm 9.8 and 9.7 \pm 7.2, respectively. There were no significant differences in antidepressant response or side effects between the 2 groups. CONCLUSION: These results do not support the efficacy of pindolol in augmenting clinical response to SSRIs in treatment-resistant depressed patients. PMID: 15003079

11: J Clin Psychiatry. 2004 Feb;65(2):211-6.

A pilot study of barriers to medication adherence in schizophrenia.

Hudson TJ, Owen RR, Thrush CR, Han X, Pyne JM, Thapa P, Sullivan G.

BACKGROUND: Interventions to improve adherence to antipsychotic medication are needed. The aims of the current study were to identify the most common barriers to medication adherence in a cohort of patients receiving outpatient and inpatient treatment for an acute exacerbation of schizophrenia, compare clinical and demographic characteristics of patients with lower versus higher numbers of barriers, and characterize patients most likely to be nonadherent to antipsychotic medication. METHOD: The present study analyzed data collected during the Schizophrenia Guidelines Project (SGP), a multisite study of strategies to implement practice guidelines that was funded by the U.S. Department of Veterans Affairs and conducted from March 1999 to October 2000. Nurse coordinators had conducted clinical assessments and performed an intervention designed to improve medication adherence by addressing barriers to adherence. Data on patient symptoms, functioning, and side effects had been obtained using the Positive and Negative Syndrome Scale (PANSS), the Schizophrenia Outcomes Module, the Medical Outcomes Study 36-item Short-Form Health Survey, and the Barnes Akathisia Scale (BAS). Administrative data were used to identify patients with an ICD-9 code for schizophrenia. A total of 153 patients who met this criterion and participated in the intervention arm of the SGP had complete data available for analysis in the current study. RESULTS: The most common patient-reported barriers were related to the stigma of taking medications, adverse drug reactions, forgetfulness, and lack of social support. Bivariate analysis showed that patients with high barriers were significantly more likely to be nonadherent ($p < .02$), to have problems with alcohol or drug use ($p = .02$), to have higher PANSS total scores ($p = .03$), and to have higher mean BAS scores ($p = .02$). Logistic regression showed that lower patient education level (odds ratio [OR] = 3.95, $p = .02$), substance abuse (OR = 3.24, $p = .01$), high PANSS total scores (OR = 1.02, $p = .05$), and high barriers (OR = 2.3, $p = .05$) were significantly associated with the probability of nonadherence. CONCLUSIONS: It may be possible to identify patients most likely to benefit from adherence intervention. The data presented here will help to inform future research

of clinical interventions to improve medication adherence in schizophrenia and help to stimulate further work in this area.

PMID: 15003075 [PubMed - indexed for MEDLINE]

12: J Nerv Ment Dis. 2004 Feb;192(2):146-52.

Early symptom predictors of chronic distress in Gulf War veterans.

Thompson KE, Vasterling JJ, Benotsch EG, Brailey K, Constans J, Uddo M, Sutker PB.

Although there is evidence that specific early hyperarousal, avoidance, and emotional numbing symptoms are associated with later posttraumatic stress disorder (PTSD) symptomatology among veterans, little is known about predictors of later non-PTSD-related psychological symptoms. One and 2 years after serving in the Gulf War, 348 military reservists were assessed for severity of war zone stress, PTSD, psychological distress, and stress-mediated physical complaints. Overall PTSD symptomatology and emotional numbing and hyperarousal symptom clusters increased over time, whereas re-experiencing and avoidance symptoms showed no change. Emotional numbing and hyperarousal symptoms at 1 year predicted generalized distress, depression, anxiety, hostility, and somatic symptoms at 2 years, whereas re-experiencing and avoidance symptoms did not. Findings highlight the importance of targeting early emotional numbing and hyperarousal symptom clusters to reduce longer-term psychological distress.

PMID: 14770059

13: Psychiatr Serv. 2004 Jan;55(1):82-5.

Comparison of comorbid physical illnesses among veterans with PTSD and veterans with alcohol dependence.

David D, Woodward C, Esquenazi J, Mellman TA.

Posttraumatic stress disorder (PTSD) is associated with high rates of medical service use and with self-reported poor health. Male veterans admitted to a rehabilitation unit for PTSD (N=55) or alcohol dependence (N=38) were evaluated for comorbid psychiatric and medical conditions and health risk factors. Patients with PTSD were more likely to have osteoarthritis, diabetes, heart disease, comorbid depression, obesity, and elevated lipid levels. These findings suggest that there may be a relationship between specific medical conditions, possibly mediated by behavioral risk factors, among the aging population of veterans with PTSD.

PMID: 14699207

14: Psychiatr Serv. 2004 Jan;55(1):22-3, 25.

Managed care: improving psychiatric drug benefit management: III. The VA's approach to atypical antipsychotics.

Sabin JE, Daniels N.

PMID: 14699194

15: Science. 2004 Apr 2;304(5667):29.

Biomedical research. IG report faults handling of Veterans Affairs funds.

Couzin J.

PMID: 15060292